								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 DF - 0333 - 2.D												3 DIV	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL	SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS			27				RAT	ΓΕ	FEE	1	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	1
TOTAL CHARGEABLE CLAIMS			27 minus 20=		• 7		X\$	9=		OR			6 C
INDEPENDENT CLAIMS			/ minus 3 =		. 0		X40		 	1	X80=	126.	1
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT							OR			1
* If	the difference	in column 1 is	less than zero, enter "0" in col			column 2	+13 TOT			OR		62 L	$\frac{1}{2}$
CLAIMS AS AMENDED - PART II							101	AL		OR	TOTAL	<u> </u>	PO
		(Column 1)		(Colu	mn 2)	(Column 3)	3) SMALL ENTITY		ENTITY	OR	OTHER SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	. 26	Minus	** &	27	= 0	X\$!	9=		OR	X\$18=		
	Independent	. #2	Minus	***	<u> </u>	= D	X40)=		OR	X80=	100	1
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		+13	 5		OR	+270=		1
)TAL		1	TOTAL		4
		(Column 1)		(Calu	O\	(Caluman 0)	ADDIT.	FEE		OR	ADDIT. FEE		┨
		CLAIMS	T	HIGH	mn 2) ÆST	(Column 3)	1		ADDI	1		ADDI	┨
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	<u></u>	=	X\$ 9	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X40)=		OR	X80=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1			1
·								TAL		OR	+270=		4
							ADDIT.			OR	TOTAL ADDIT. FEE		4
·		(Column 1) CLAIMS	1	(Colu		(Column 3)							
AMENDMENT C	۰	REMAINING AFTER AMENDMENT	٥	NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		1
	Independent	*	Minus	***		=	X40	_	-		X80=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		OR	700=		ł
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		1
		her Previously Pai					e found in th			. :	l 4		1

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